

## Bergen County Department of Health Services

327 E. Ridgewood Avenue

Paramus, NJ 07652-4895

(201) 634-2600 or Fax: (201) 986-1068



### Volunteer Survey for the Medical Reserve Corps

#### I. Personal Contact Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_ Dr. Mr. Mrs. Ms.

Home Address Street \_\_\_\_\_ Apt. # \_\_\_\_\_ Town \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ Home Fax # (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Personal Beeper # (\_\_\_\_) \_\_\_\_\_

*Alternate Address (i.e. vacation home. Use NA if not applicable)*

*Street* \_\_\_\_\_ *Apt #* \_\_\_\_\_ *Town* \_\_\_\_\_

*County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

*Alt. Phone #* (\_\_\_\_) \_\_\_\_\_ *Alt. E-mail address* \_\_\_\_\_ *Alt. Fax #* (\_\_\_\_) \_\_\_\_\_

#### II. Work Contact Information

Occupation \_\_\_\_\_ (check) Full Time \_\_\_\_ Part Time \_\_\_\_ Retired \_\_\_\_ Student \_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

General Phone Number (\_\_\_\_) \_\_\_\_\_ Your extension \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Please list additional person(s) who may be used to contact you (at or outside of work) if we are unable to reach you using the information provided above:

Contact \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

#### III. Personal Information

Sex (Circle 1) M F Age Bracket (Circle 1) <18 19-64 65+

Education (check highest level) High School \_\_\_\_ College \_\_\_\_ Graduate School \_\_\_\_ Other \_\_\_\_\_

**Do you have any personal health issues that would impact your ability to volunteer? Yes No**  
**If yes, please either list here or speak personally with the MRC Coordinator.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### IV. Licenses

A. Are you certified or licensed in any health field?

Yes

No

*If "Yes" mark all applicable degrees:*

*licensed In NJ?*

1. M.D./ D.O.

Yes

No

Yes / No

2. D.V.M./ V.M.D.

Yes

No

Yes / No

3. R.N.

Yes

No

Yes / No

4. L.P.N.

Yes

No

Yes / No

5. EMT/ Paramedic

Yes

No

Yes / No

6. P.A/ N.P.

Yes

No

Yes / No

7. Pharmacist

Yes

No

Yes/ No

8. Psychiatrist/Psychologist

Yes

No

Yes/ No

9. . Counselor

Yes

No

Yes/ No

10. (circle one) MSW MA BSW SAC Other\_\_\_\_\_

11. Foreign Medical Doctor

Yes

No

Yes / No

12. If yes, what is your current U.S. medical certification? \_\_\_\_\_

13. Other health related degrees or licenses \_\_\_\_\_

B. Do you volunteer or work in a hospital?

1. \_\_\_I do this routinely (at least once a month)

2. \_\_\_I do not do this routinely, but have prior experience and would be able to if needed

3. \_\_\_I have no experience with this

C. List the hospital(s) you are most familiar with:

### V. Certification & Training

#### A. Certification

#### Most Recent Date

#### Certifying Agency

1. CPR\_\_\_

(a) Adult\_\_\_ (b) Child\_\_\_ (c) Infant\_\_\_ (d) AED\_\_\_

2. First Aid \_\_\_

3. Disaster Training\_\_\_

4. CERT\_\_\_

5. Blood Borne Pathogens\_\_\_

6. Other\_\_\_\_\_

7. Other\_\_\_\_\_

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### B. Training

1. Are you familiar with Incident Command System of Emergency Management? **Yes** **No**  
If yes, indicate level of training (a)\_\_\_not at all (b)\_\_\_somewhat (c)\_\_\_Fully trained
2. Are you familiar with basic principles of epidemiology? **Yes** **No**  
If yes, indicate level of familiarity (a)\_\_\_not at all (b)\_\_\_somewhat (c)\_\_\_Fully trained
3. Have you had any training about terrorism preparedness or emergency response to terrorism (i.e. chemical, biological, radiological, etc.) **Yes** **No**  
If **Yes**, please specify type of training) \_\_\_\_\_

### VI. Office & Administrative Skills

A. How much experience do you have using a desktop or laptop computer?

1. \_\_\_I do this routinely (at least once a month)
2. \_\_\_I do not do this routinely, but have experience and would be able to if needed
3. \_\_\_I have no experience with this

B. How much experience do you have entering data into a computer database?

1. \_\_\_I do this routinely (at least once a month)
2. \_\_\_I do not do this routinely, but have prior experience and would be able to if needed
3. \_\_\_I have no experience with this

C. Do you have access to the Internet at home?

**Yes** **No**

1. Are you able to receive E-mail at home?

**Yes** **No**

D. Do you or have you supervised staff or volunteers?

**Yes** **No**

1. If yes, how many, when, and in what capacity? \_\_\_\_\_

E. Do you have a valid driver's license?

**Yes** **No**

1. Do you have a commercial drivers license (CDL)

**Yes** **No**

2. Do you have a private vehicle that you would be able to use in an emergency? **Yes** **No**

### VII. Language Skills

What languages do you *speak* or understand, other than English? Please list and indicate level of fluency:

Languages spoken:	level of fluency ( <i>circle one</i> )			Read and write	
	<b>Excellent</b>	<b>Fair</b>	<b>Poor</b>	<b>Yes</b>	<b>No</b>
_____	<b>Excellent</b>	<b>Fair</b>	<b>Poor</b>	<b>Yes</b>	<b>No</b>
_____	<b>Excellent</b>	<b>Fair</b>	<b>Poor</b>	<b>Yes</b>	<b>No</b>
_____	<b>Excellent</b>	<b>Fair</b>	<b>Poor</b>	<b>Yes</b>	<b>No</b>
_____	<b>Excellent</b>	<b>Fair</b>	<b>Poor</b>	<b>Yes</b>	<b>No</b>

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### IX. Vaccine History

A. Have you been vaccinated against any of the following pathogens?

Yes

No

If yes, list the year of your last vaccination

- |                |     |    |            |
|----------------|-----|----|------------|
| 1. Anthrax     | Yes | No | Year _____ |
| 2. Influenza   | Yes | No | Year _____ |
| 3. Hepatitis A | Yes | No | Year _____ |
| 4. Hepatitis B | Yes | No | Year _____ |
| 5. Meningitis  | Yes | No | Year _____ |
| 6. Smallpox    | Yes | No | Year _____ |
| 7. Tetanus     | Yes | No | Year _____ |
| 8. Tularemia   | Yes | No | Year _____ |
| 9. Other _____ |     |    | Year _____ |

### VIII. PROFESSIONAL CLINICAL/MEDICAL SKILLS

A. Have you had experience with interviewing people using a standardized questionnaire, ~~the type that would be used in an acute outbreak investigation?~~

1. \_\_\_ I do this routinely (at least once a month)
2. \_\_\_ I do not do this routinely, but have prior experience and would be able to if needed
3. \_\_\_ I have no experience with this

B. Have you had experience with reviewing medical records using a standardized disease form?

1. \_\_\_ I do this routinely (at least once a month)
2. \_\_\_ I do not do this routinely, but have prior experience and would be able to if needed
3. \_\_\_ I have no experience with this

C. Have you been trained to draw blood?

Yes

No

1. \_\_\_ I do this routinely (at least once a month)
2. \_\_\_ I do not do this routinely, but have prior experience and would be able to if needed
3. \_\_\_ I have no experience with this
4. Indicate which group or groups you have experience with in drawing blood  
(a)\_\_\_adults                      (b)\_\_\_Children                      (c)\_\_\_Infants

D. Have you been trained to give injections?

Yes

No

1. I do this routinely (at least once a month)
2. I do not do this routinely, but have prior experience and would be able to if needed
3. I have no experience with this

Please specify if you have experience giving the following types of injections:

(a)\_\_\_Intramuscular                      (b)\_\_\_subcutaneous                      (c)\_\_\_Intradermal

Indicate which group or groups you have experience with in giving injections

(a)\_\_\_Adults                      (b)\_\_\_Children                      (c)\_\_\_Infants

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E. Have you ever administered small pox vaccine?

**Yes**

**No**

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F. Have you ever worked on outbreak investigations?		Yes	No
If yes, in which of the following activities did you participate? (Circle all that apply)			
1.	Patient/Contact Interviews	Yes	No
2.	Chart Review	Yes	No
3.	Data Entry	Yes	No
4.	Staffed telephone hotline	Yes	No
5.	Vaccination	Yes	No
6.	Interpreter	Yes	No
7.	Other _____	Yes	No

Please list other skills that you have which may be valuable during disease outbreaks or emergency situations.

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Do you have specific training or refresher needs?

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Are you willing to work anywhere in New Jersey

Yes No

May we share your information with the State of New Jersey

Yes No

### **Bergen County Medical Reserve Corps Volunteer Consent**

I understand that all of the information I've provided on this survey will be held confidential within the Bergen County Department of Health Services (BCDHS) and is restricted for use by the Bergen County Medical Reserve Corps (BCMRC). I give permission to the BCDHS to inquire into my personal and work contact information, licensure, certifications, vaccine history, and personal health information. I am not giving up any of my legal rights by volunteering in the BCMRC and have the opportunity to ask questions and to cease volunteering at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Please return survey to James R. Dockery or Marilyn Bernstein via Fax (201) 986-1068  
or regular mail at 327 E. Ridgewood Ave., Paramus, NJ 07652-4895**